- Use one-part form for work-sheet. Privacy Act Information on reverse of copy 8.
- Please read instructions on the reverse side of the last copy before completing this form.
- Instructions for handling and completing copies 3, 4, 5 and 6 appear on reverse of copy 3.
- Please type form and do not remove carbons and copies 1-9 from set.
- Typewriter tab stops indicated by ▽ below.

★ U.S. GOVERNMENT PRINTING OFFICE: 1991-306-680

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number (Example—xx-xx-xxxx) 01

B. OFFICE USE ONLY

C. Request status (Mark (X) one) 02
Initial or Resubmission | Correction or Cancellation

Section A—TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial) | Enter first 5 letters of last name 03

2. Social Security Number 04

3. Date of birth (Year and month) 05 (Example—born January 14, 1943 shown as 43/01)

4. Home address (Number, street, city, State, ZIP code)

5. Home telephone: Area code | Number

6. Position level (Mark (X) one only)
a. Non-supervisory | c. Manager
b. Supervisory | d. Executive

7. Organization mailing address (Branch-Division / Office / Bureau / Agency)

8. Office telephone: Area code | Number | Extension

9. Continuous civilian service: Years | Months

10. Number of prior non-government training days

11a. Position title / function

11b. Applicant handicapped or disabled (See instructions)

12. Pay plan / series / grade / step

13. Type of appointment

14. Education Level

Section B—TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)

15b. Location of training site (If same, mark box) ⟶

16. Course title and training objectives (Benefits to be derived by the Government)

17. Catalog / Course No.

18. Training period (6 digits) 06

	Year	Month	Day
a. Start			
b. Complete			

19. No. of course hours (4 digits) 07
a. During duty
b. Non-duty
c. TOTAL ➤

20. Training codes (See instructions)
a. Purpose | Code
b. Type | Code
08 c. Source | Code 10
09 d. Special interest | Code 11

AGENCY USE ONLY

Section C—ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation / fund chargeable

Item	Amount: Dollars	Amount: Cents	Appropriation / fund
a. Tuition	$		
b. Books or materials			
c. Other (Specify)			
d. (Enter 4 digits in dollar column) 12 TOTAL ➤	$		

22. Indirect costs and appropriation / fund chargeable

Item	Amount: Dollars	Amount: Cents	Appropriation / fund
a. Travel	$		
b. Per diem			
c. Other (Specify)			
d. (Enter 4 digits in dollar column) 13 TOTAL ➤	$		

23. Document / Purchase Order / Requisition No.

24. 8-Digit station symbol (Example—12-34-5678) ⟶

25. BILLING INSTRUCTIONS (Furnish invoice to):

Section D—APPROVALS

26a. Immediate supervisor—Name and title | Area code / Tel. No. / Extension

b. Signature | Date

27a. Second-line supervisor—Name and title | Area code / Tel. No. / Extension

b. Signature | Date

28a. Training officer—Name and title | Area code / Tel. No. / Extension

b. Signature | Date

Section E—APPROVAL / CONCURRENCE

29a. Authorizing official—Name and title | Area code / Tel. No. / Extension

b. Signature | Approved / Disapproved | Date

Section F—CERTIFICATION OF TRAINING COMPLETION

30a. Certifying official—Name and title | Area code / Tel. No. / Extension

b. Signature | Date

TRAINING FACILITY ➤ Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.

NOTE: This agreement must be signed by the nominee for all **non-government** training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in Section G below shall be construed as limiting the authority of an agency to waive, **in whole or in part**, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

Section G—EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE

1. I AGREE that, upon completion of the Government-sponsored training described in this request, if I receive salary covering the training period, I will serve in the agency three times the length of the training period. If I receive no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week). NOTE: For the purposes of this agreement, the term "agency" refers to the employing organization (such as an Executive Department or independent establishment), not to a segment of such an organization.
2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in items 21 and 22.
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item 1 above, I will give my organization written notice of at least ten work days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expenses (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.
4. I understand that any amounts which may be due the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovererd by such other methods as are approved by law.
5. I FURTHER AGREE to obtain approval from my organization training officer and that person responsible for authorizing non-government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that, if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements in items 1, 2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

31. Period of obligated service *(For non-government training only)* →	
32. Employee's signature	Date

TRAINING FACILITY ➤ Bills should be sent to office indicated in item 25. • Please refer to number given in item 25 to assure prompt payment.

COPY 2–AGENCY (DATA PROCESSING OR CPDF COPY)

Previous edition usable

Standard Form 182 (Rev. 12/79) (10-Part)
U.S. Office of Personnel Management FPM Chapter 410

[redacted]

- Instructions for handling and completing copies 3, 4, 5 and 6 appear on reverse of copy 3.
- Please type form and do not remove carbons and copies 1-9 from set.

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- Please type form and do not remove carbons and copies 1-9 from set.
- Typewriter tab stops indicated by ▽ below.

★ U.S. GOVERNMENT PRINTING OFFICE: 1991-306-680

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number *(Example—xx-xx-xxxx)* 01

B. OFFICE USE ONLY

C. Request status *(Mark (X) one)* 02
- Initial or Resubmission
- Correction or Cancellation

Section A—TRAINEE INFORMATION

1. Applicant's name *(Last-First-Middle Initial)* — Enter first 5 letters of last name 03

2. Social Security Number 04

3. Date of birth *(Year and month)* 05 *(Example—born January 14, 1943 shown as 43/01)*

4. Home address *(Number, street, city, State, ZIP code)*

5. Home telephone — Area code | Number

6. Position level *(Mark (X) one only)*
- a. Non-supervisory
- b. Supervisory
- c. Manager
- d. Executive

7. Organization mailing address *(Branch-Division / Office / Bureau / Agency)*

8. Office telephone — Area code | Number | Extension

9. Continuous civilian service — Years | Months

10. Number of prior non-government training days

11a. Position title / function

11b. Applicant handicapped or disabled *(See instructions)*

12. Pay plan / series / grade / step

13. Type of appointment

14. Education Level

Section B—TRAINING COURSE DATA

15a. Name and mailing address of training vendor *(No., street, city, State, ZIP code)*

15b. Location of training site *(If same, mark box)* →

16. Course title and training objectives *(Benefits to be derived by the Government)*

17. Catalog / Course No.

18. Training period *(6 digits)* 06

	Year	Month	Day
a. Start			
b. Complete			

19. No. of course hours *(4 digits)* 07
- a. During duty
- b. Non-duty
- c. TOTAL →

20. Training codes *(See instructions)*
- a. Purpose — Code
- b. Type — Code
- 08 c. Source — Code — 10
- 09 d. Special interest — Code — 11

AGENCY USE ONLY

Section C—ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Tuition	$		
b. Books or materials			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 12 TOTAL →	$		

22. Indirect costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Travel	$		
b. Per diem			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 13 TOTAL →	$		

23. Document / Purchase Order / Requisition No.

24. 8-Digit station symbol *(Example—12-34-5678)* →

25. BILLING INSTRUCTIONS *(Furnish invoice to):*

Section D—APPROVALS

26a. Immediate supervisor—*Name and title* — Area code / Tel. No. / Extension

b. Signature — Date

27a. Second-line supervisor—*Name and title* — Area code / Tel. No. / Extension

b. Signature — Date

28a. Training officer—*Name and title* — Area code / Tel. No. / Extension

b. Signature — Date

Section E—APPROVAL / CONCURRENCE

29a. Authorizing official—*Name and title* — Area code / Tel. No. / Extension

b. Signature — ☐ Approved ☐ Disapproved — Date

Section F—CERTIFICATION OF TRAINING COMPLETION

30a. Certifying official—*Name and title* — Area code / Tel. No. / Extension

b. Signature — Date

TRAINING FACILITY → Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.

TRAINING FACILITY ➤ Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.

COPY 3–VENDOR (FILE COPY)

Previous edition usable

182-106

Standard Form 182 (Rev. 12/79) (10-Part)
U.S. Office of Personnel Management FPM Chapter 410

- Instructions for handling and completing copies 3, 4, 5 and 6 appear on reverse of copy 3.
- Please type form and do not remove carbons and copies 1-9 from set.
- Typewriter tab stops indicated by ▽ below.

★ U.S. GOVERNMENT PRINTING OFFICE: 1991—306-680

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number *(Example—xx-xx-xxxx)* 01

B. OFFICE USE ONLY

C. Request status *(Mark (X) one)* 02
- Initial or Resubmission
- Correction or Cancellation

Section A—TRAINEE INFORMATION

1. Applicant's name *(Last-First-Middle Initial)* — Enter first 5 letters of last name 03

2. Social Security Number 04

3. Date of birth *(Year and month)* 05 *(Example—born January 14, 1943 shown as 43/01)*

4. Home address *(Number, street, city, State, ZIP code)*

5. Home telephone — Area code | Number

6. Position level *(Mark (X) one only)*
- a. Non-supervisory
- b. Supervisory
- c. Manager
- d. Executive

7. Organization mailing address *(Branch-Division / Office / Bureau / Agency)*

8. Office telephone — Area code | Number | Extension

9. Continuous civilian service — Years | Months

10. Number of prior non-government training days

11a. Position title / function

11b. Applicant handicapped or disabled *(See instructions)*

12. Pay plan / series / grade / step

13. Type of appointment

14. Education Level

Section B—TRAINING COURSE DATA

15a. Name and mailing address of training vendor *(No., street, city, State, ZIP code)*

15b. Location of training site *(If same, mark box)* ☐

16. Course title and training objectives *(Benefits to be derived by the Government)*

17. Catalog / Course No.

18. Training period *(6 digits)* 06

	Year	Month	Day
a. Start			
b. Complete			

19. No. of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL ➤	

20. Training codes *(See instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special interest		11

AGENCY USE ONLY

Section C—ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Tuition	$		
b. Books or materials			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 12 TOTAL ➤	$		

22. Indirect costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Travel	$		
b. Per diem			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 13 TOTAL ➤	$		

23. Document / Purchase Order / Requisition No.

24. 8-Digit station symbol *(Example—12-34-5678)* ➤

25. BILLING INSTRUCTIONS *(Furnish invoice to):*

Section D—APPROVALS

26a. Immediate supervisor—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

27a. Second-line supervisor—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

28a. Training officer—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

Section E—APPROVAL / CONCURRENCE

29a. Authorizing official—*Name and title* | Area code / Tel. No. / Extension

b. Signature | ☐ Approved ☐ Disapproved | Date

Section F—CERTIFICATION OF TRAINING COMPLETION

30a. Certifying official—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

TRAINING FACILITY ➤ Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.

INSTRUCTIONS FOR TRAINING VENDOR

(Copies 3, 4, 5, and 6)

Copy No. 3—Your file copy.

Copy No. 4—This document may be attached to a purchase order or other procurement document as the nominating agency's obligation to pay all training costs.

Copy No. 5—Return this copy to the nominating agency indicated in Section I after completion of Section H. Section I can be used for insertion in a window envelope.

Copy No. 6—Complete Section H and send this copy to nominee whose mailing address appears in Section I. Section I can be used for insertion in a window envelope.

Please contact the Agency Training Officer indicated in Section D, item 28, for any additional information.

• Please type form and do not remove carbons and copies 1-9 from set.
• Typewriter tab stops indicated by ▽ below

TRAINING FACILITY ➤ Bills should be sent to office indicated in item 25. • Please refer to number given in item 25 to assure prompt payment.

COPY 4–VENDOR (FINANCE)

182-106

Standard Form 182 (Rev. 12/79) (10-Part)
U.S. Office of Personnel Management FPM Chapter 410

Previous edition usable

• Typewriter tab stops indicated by ▽ below.

★ U.S. GOVERNMENT PRINTING OFFICE: 1991-306-680

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number (Example—xx-xx-xxxx) 01

B. OFFICE USE ONLY

C. Request status (Mark (X) one) 02
Initial or Resubmission | Correction or Cancellation

Section A—TRAINEE INFORMATION

1. Applicant's name (Last-First-Middle Initial) — Enter first 5 letters of last name 03

2. Social Security Number 04

3. Date of birth (Year and month) 05 (Example—born January 14, 1943 shown as 43/01)

4. Home address (Number, street, city, State, ZIP code)

5. Home telephone — Area code | Number

6. Position level (Mark (X) one only)
a. Non-supervisory | c. Manager
b. Supervisory | d. Executive

7. Organization mailing address (Branch-Division / Office / Bureau / Agency)

8. Office telephone — Area code | Number | Extension

9. Continuous civilian service — Years | Months

10. Number of prior non-government training days

11a. Position title / function

11b. Applicant handicapped or disabled (See instructions)

12. Pay plan / series / grade / step

13. Type of appointment

14. Education Level

Section B—TRAINING COURSE DATA

15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)

15b. Location of training site (If same, mark box) ⟶

16. Course title and training objectives (Benefits to be derived by the Government)

17. Catalog / Course No.

18. Training period (6 digits) 06

	Year	Month	Day
a. Start			
b. Complete			

19. No. of course hours (4 digits) 07
a. During duty
b. Non-duty
c. TOTAL ➤

20. Training codes (See instructions)

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special interest		11

AGENCY USE ONLY

Section C—ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Tuition	$		
b. Books or materials			
c. Other (Specify)			
d. (Enter 4 digits in dollar column) 12 TOTAL ➤	$		

22. Indirect costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Travel	$		
b. Per diem			
c. Other (Specify)			
d. (Enter 4 digits in dollar column) 13 TOTAL ➤	$		

23. Document / Purchase Order / Requisition No.

24. 8-Digit station symbol (Example—12-34-5678) ⟶

25. BILLING INSTRUCTIONS (Furnish invoice to):

Section D—APPROVALS

26a. Immediate supervisor—Name and title — Area code / Tel. No. / Extension

b. Signature — Date

27a. Second-line supervisor—Name and title — Area code / Tel. No. / Extension

b. Signature — Date

28a. Training officer—Name and title — Area code / Tel. No. / Extension

b. Signature — Date

Section E—APPROVAL / CONCURRENCE

29a. Authorizing official—Name and title — Area code / Tel. No. / Extension

b. Signature — Approved | Disapproved — Date

Section F—CERTIFICATION OF TRAINING COMPLETION

30a. Certifying official—Name and title — Area code / Tel. No. / Extension

b. Signature — Date

TRAINING FACILITY ➤ Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.

COPY 4–VENDOR (FINANCE)

Previous edition usable

182-106

Standard Form 182 (Rev. 12/79) (10-Part)
U.S. Office of Personnel Management FPM Chapter 410

TRAINING FACILITY ➤ Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.

COPY 5–VENDOR (AGENCY)

Standard Form 182 (Rev. 12/79) (10-Part)
U.S. Office of Personnel Management FPM Chapter 410

Previous edition usable

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★ U.S. GOVERNMENT PRINTING OFFICE: 1991-306-680

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number *(Example—xx-xx-xxxx)* 01

B. OFFICE USE ONLY

C. Request status *(Mark (X) one)* 02
- Initial or Resubmission
- Correction or Cancellation

Section A—TRAINEE INFORMATION

1. Applicant's name *(Last-First-Middle Initial)* — Enter first 5 letters of last name 03

2. Social Security Number 04

3. Date of birth *(Year and month)* 05 *(Example—born January 14, 1943 shown as 43/01)*

4. Home address *(Number, street, city, State, ZIP code)*

5. Home telephone — Area code | Number

6. Position level *(Mark (X) one only)*
- a. Non-supervisory
- b. Supervisory
- c. Manager
- d. Executive

7. Organization mailing address *(Branch-Division / Office / Bureau / Agency)*

8. Office telephone — Area code | Number | Extension

9. Continuous civilian service — Years | Months

10. Number of prior non-government training days

11a. Position title / function

11b. Applicant handicapped or disabled *(See instructions)*

12. Pay plan / series / grade / step

13. Type of appointment

14. Education Level

Section B—TRAINING COURSE DATA

15a. Name and mailing address of training vendor *(No., street, city, State, ZIP code)*

15b. Location of training site *(If same, mark box)* ➔

16. Course title and training objectives *(Benefits to be derived by the Government)*

17. Catalog / Course No.

18. Training period *(6 digits)* 06

	Year	Month	Day
a. Start			
b. Complete			

19. No. of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL ➔	

20. Training codes *(See instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special interest		11

AGENCY USE ONLY

Section C—ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Tuition	$		
b. Books or materials			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 12 TOTAL ➔	$		

22. Indirect costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Travel	$		
b. Per diem			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 13 TOTAL ➔	$		

23. Document / Purchase Order / Requisition No.

24. 8-Digit station symbol *(Example—12-34-5678)* ➔

25. BILLING INSTRUCTIONS *(Furnish invoice to):*

Section D—APPROVALS

26a. Immediate supervisor—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

27a. Second-line supervisor—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

28a. Training officer—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

Section E—APPROVAL / CONCURRENCE

29a. Authorizing official—*Name and title* | Area code / Tel. No. / Extension

b. Signature | ☐ Approved ☐ Disapproved | Date

Section F—CERTIFICATION OF TRAINING COMPLETION

30a. Certifying official—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

TRAINING FACILITY ➔ Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.

Section G — Not applicable

Section H — TRAINING VENDOR

31. Nomination status *(Mark (X) one)*

- ☐ Selected as nominated
- ☐ Selected for alternative dates *(See remarks)*
- ☐ Not selected *(See remarks)*

32. Date and time of first training session

Date	Time
	a.m. / p.m.

Remarks

Section I — MAILING ADDRESS OF NOMINATING AGENCY

33. Fold where indicated and insert in window envelope

Section G — Not applicable

TRAINING FACILITY ➤ Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.

COPY 6–VENDOR (EMPLOYEE)

Previous edition usable

182-106

Standard Form 182 (Rev. 12/79) (10-Part)
U.S. Office of Personnel Management FPM Chapter 410

• Typewriter tab stops indicated by ▽ below.

★ U.S. GOVERNMENT PRINTING OFFICE: 1991–306-680

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number 01 *(Example—xx-xx-xxxx)*

B. OFFICE USE ONLY

C. Request status *(Mark (X) one)* 02
- Initial or Resubmission
- Correction or Cancellation

Section A—TRAINEE INFORMATION

1. Applicant's name *(Last-First-Middle Initial)* — Enter first 5 letters of last name 03

2. Social Security Number 04

3. Date of birth *(Year and month)* 05 *(Example—born January 14, 1943 shown as 43/01)*

4. Home address *(Number, street, city, State, ZIP code)*

5. Home telephone — Area code | Number

6. Position level *(Mark (X) one only)*
- a. Non-supervisory
- b. Supervisory
- c. Manager
- d. Executive

7. Organization mailing address *(Branch-Division / Office / Bureau / Agency)*

8. Office telephone — Area code | Number | Extension

9. Continuous civilian service — Years | Months

10. Number of prior non-government training days

11a. Position title / function

11b. Applicant handicapped or disabled *(See instructions)*

12. Pay plan / series / grade / step

13. Type of appointment

14. Education Level

Section B—TRAINING COURSE DATA

15a. Name and mailing address of training vendor *(No., street, city, State, ZIP code)*

15b. Location of training site *(If same, mark box)* →

16. Course title and training objectives *(Benefits to be derived by the Government)*

17. Catalog / Course No.

18. Training period *(6 digits)* 06

	Year	Month	Day
a. Start			
b. Complete			

19. No. of course hours *(4 digits)* 07
- a. During duty
- b. Non-duty
- c. TOTAL →

20. Training codes *(See instructions)*

	Code			Code	
a. Purpose		08	c. Source		10
b. Type		09	d. Special interest		11

AGENCY USE ONLY

Section C—ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Tuition	$		
b. Books or materials			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 12 TOTAL →	$		

22. Indirect costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Travel	$		
b. Per diem			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 13 TOTAL →	$		

23. Document / Purchase Order / Requisition No.

24. 8-Digit station symbol *(Example—12-34-5678)* →

25. BILLING INSTRUCTIONS *(Furnish invoice to):*

Section D—APPROVALS

26a. Immediate supervisor—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

27a. Second-line supervisor—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

28a. Training officer—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

Section E—APPROVAL / CONCURRENCE

29a. Authorizing official—*Name and title* | Area code / Tel. No. / Extension

b. Signature | ☐ Approved ☐ Disapproved | Date

Section F—CERTIFICATION OF TRAINING COMPLETION

30a. Certifying official—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

TRAINING FACILITY → Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.

NOTE: This agreement must be signed by the nominee for all **non-government** training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in Section G below shall be construed as limiting the authority of an agency to waive, **in whole or in part**, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

Section G—EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE

1. I AGREE that, upon completion of the Government-sponsored training described in this request, if I receive salary covering the training period, I will serve in the agency three times the length of the training period. If I receive no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week). NOTE: For the purposes of this agreement, the term "agency" refers to the employing organization (such as an Executive Department or independent establishment), not to a segment of such an organization.
2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in items 21 and 22.
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item 1 above, I will give my organization written notice of at least ten work days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expenses (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.
4. I understand that any amounts which may be due the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovererd by such other methods as are approved by law.
5. I FURTHER AGREE to obtain approval from my organization training officer and that person responsible for authorizing non-government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that, if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements in items 1, 2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

Section H—TRAINING VENDOR

31. Nomination status *(Mark (X) one)*

☐ Selected as nominated
☐ Selected for alternative dates *(See remarks)*
☐ Not selected *(See remarks)*

32. Date and time of first training session

Date	Time
	a.m.
	p.m.

Remarks

Section I—MAILING ADDRESS OF EMPLOYEE

33. Fold where indicated and insert in window envelope

• Typewriter tab stops indicated by ▽ below.

* U.S. GOVERNMENT PRINTING OFFICE: 1991-306-680

• Typewriter tab stops indicated by ▽ below.

★ U.S. GOVERNMENT PRINTING OFFICE: 1991—306-680

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number *(Example—xx-xx-xxxx)* 01

B. OFFICE USE ONLY

C. Request status *(Mark (X) one)* 02

Initial or Resubmission | Correction or Cancellation

Section A—TRAINEE INFORMATION

1. Applicant's name *(Last-First-Middle Initial)* | Enter first 5 letters of last name 03

2. Social Security Number 04

3. Date of birth *(Year and month)* 05 *(Example—born January 14, 1943 shown as 43/01)*

4. Home address *(Number, street, city, State, ZIP code)*

5. Home telephone — Area code | Number

6. Position level *(Mark (X) one only)*

a. Non-supervisory | c. Manager

b. Supervisory | d. Executive

7. Organization mailing address *(Branch-Division / Office / Bureau / Agency)*

8. Office telephone — Area code | Number | Extension

9. Continuous civilian service — Years | Months

10. Number of prior non-government training days

11a. Position title / function

11b. Applicant handicapped or disabled *(See instructions)*

12. Pay plan / series / grade / step

13. Type of appointment

14. Education Level

Section B—TRAINING COURSE DATA

15a. Name and mailing address of training vendor *(No., street, city, State, ZIP code)*

15b. Location of training site *(If same, mark box)* ⟶

16. Course title and training objectives *(Benefits to be derived by the Government)*

17. Catalog / Course No.

18. Training period *(6 digits)* 06

	Year	Month	Day
a. Start			
b. Complete			

19. No. of course hours *(4 digits)* 07

a. During duty

b. Non-duty

c. TOTAL ➤

20. Training codes *(See instructions)*

a. Purpose | Code

b. Type | Code

08 c. Source | Code | 10

09 d. Special interest | Code | 11

AGENCY USE ONLY

Section C—ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Tuition	$		
b. Books or materials			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 12 TOTAL ➤	$		

22. Indirect costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Travel	$		
b. Per diem			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 13 TOTAL ➤	$		

23. Document / Purchase Order / Requisition No.

24. 8-Digit station symbol *(Example—12-34-5678)* ⟶

25. BILLING INSTRUCTIONS *(Furnish invoice to):*

Section D—APPROVALS

26a. Immediate supervisor—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

27a. Second-line supervisor—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

28a. Training officer—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

Section E—APPROVAL / CONCURRENCE

29a. Authorizing official—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Approved / Disapproved | Date

Section F—CERTIFICATION OF TRAINING COMPLETION

30a. Certifying official—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

TRAINING FACILITY ➤ Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.

Section G—FINANCE

31. Payment authorized for training

Signature	Amount to be paid	Date
	$	

32. Record of payment

Signature	Amount paid	Date
	$	

Remarks

31. Payment authorized for training

Section G — FINANCE

TRAINING FACILITY ➤ Bills should be sent to office indicated in item 25. ➤ Please refer to number given in item 29 to assure prompt payment.

COPY 8–AGENCY (OPTIONAL USE)

Previous edition usable

182-106

Standard Form 182 (Rev. 12/79) (10-Part)
U.S. Office of Personnel Management FPM Chapter 410

• Typewriter tab stops indicated by ▽ below.

★ U.S. GOVERNMENT PRINTING OFFICE: 1991-306-680

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number *(Example—xx-xx-xxxx)* 01

B. OFFICE USE ONLY

C. Request status *(Mark (X) one)* 02

☐ Initial or Resubmission ☐ Correction or Cancellation

Section A—TRAINEE INFORMATION

1. Applicant's name *(Last-First-Middle Initial)* | Enter first 5 letters of last name 03

2. Social Security Number 04

3. Date of birth *(Year and month)* 05 *(Example—born January 14, 1943 shown as 43/01)*

4. Home address *(Number, street, city, State, ZIP code)*

5. Home telephone — Area code | Number

6. Position level *(Mark (X) one only)*

☐ a. Non-supervisory ☐ c. Manager

☐ b. Supervisory ☐ d. Executive

7. Organization mailing address *(Branch-Division / Office / Bureau / Agency)*

8. Office telephone — Area code | Number | Extension

9. Continuous civilian service — Years | Months

10. Number of prior non-government training days

11a. Position title / function

11b. Applicant handicapped or disabled *(See instructions)* ☐

12. Pay plan / series / grade / step

13. Type of appointment

14. Education Level

Section B—TRAINING COURSE DATA

15a. Name and mailing address of training vendor *(No., street, city, State, ZIP code)*

15b. Location of training site *(If same, mark box)* ☐

16. Course title and training objectives *(Benefits to be derived by the Government)*

17. Catalog / Course No.

18. Training period *(6 digits)* 06

	Year	Month	Day
a. Start			
b. Complete			

19. No. of course hours *(4 digits)* 07

a. During duty

b. Non-duty

c. TOTAL ➤

20. Training codes *(See instructions)*

a. Purpose — Code

b. Type — Code

08 c. Source — Code 10

09 d. Special interest — Code 11

AGENCY USE ONLY

Section C—ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Tuition	$		
b. Books or materials			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 12 TOTAL ➤	$		

22. Indirect costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Travel	$		
b. Per diem			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 13 TOTAL ➤	$		

23. Document / Purchase Order / Requisition No.

24. 8-Digit station symbol *(Example—12-34-5678)* ➤

25. BILLING INSTRUCTIONS *(Furnish invoice to):*

Section D—APPROVALS

26a. Immediate supervisor—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

27a. Second-line supervisor—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

28a. Training officer—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

Section E—APPROVAL / CONCURRENCE

29a. Authorizing official—*Name and title* | Area code / Tel. No. / Extension

b. Signature | ☐ Approved ☐ Disapproved | Date

Section F—CERTIFICATION OF TRAINING COMPLETION

30a. Certifying official—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

TRAINING FACILITY ➤ Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.

PRIVACY ACT STATEMENT

General—This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal nomination for training forms.

Authority—The Government Employees Training Act of 1958 (U.S. Code, Title 5, sections 4101 to 4118).

Purposes and Uses—The information on this form is used in the administration of the Federal Training Program. The purpose of this form is to document the nomination of trainees and completion of training; and it serves as the principal repository of personal, fiscal and administrative information about trainees and the programs in which they participate. The form becomes a part of the permanent employment record of participants in training programs and is included in the Government's Central Personnel Data File.

Effects of Nondisclosure—Personal information provided on this form is given on a voluntary basis as is participation in any training program. Failure to provide this information, however, may result in ineligibility for participation in training programs.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579, Section 7(b)—Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the training you are seeking. Solicitation of the SSN by the Office of Personnel Management is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier to match the person completing the training with the correct master record in the Central Personnel Data File (CPDF). It will be used primarily to give you recognition for completing the training and to accumulate government-wide training statistical information. The information gathered through the use of the number will be used only as necessary in training administration processes carried out in accordance with established regulations. The SSN also will be used for the selection of persons to be included in statistical studies of training management matters. The use of the SSN is made necessary because of the large number of present Federal employees who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

PRIVACY ACT STATEMENT

[redacted]

21. Course was completed	22. Actual course dates (Month / day / year)						23. Actual course hours		24. Academic grade / score
	a. Commenced			b. Completed			a. Duty	b. Non-duty	
a. ☐ Yes	Month	Day	Year	Month	Day	Year			
b. ☐ No—*Return this form with a memo explaining circumstances*									

25. All sessions were attended

a. ☐ Yes

b. ☐ No—*Explain* _____

AREAS OF EVALUATION (Place (X) in appropriate column to indicate your evaluation of items 26 through 37. Do not attempt to split a rating)				Rating A	Rating B	Rating C
26. Stated objective accomplished	A = Yes	B = Partially	C = No			
27. Coverage of subject matter	A = Excellent	B = Sufficient	C = Poor			
28. Organization of subject matter	A = Well organized	B = Adequate	C = Poorly organized			
29. Suitability of instructional materials	A = Excellent	B = Adequate	C = Poor			
30. Level of difficulty	A = Too advanced	B = Appropriate	C = Too elementary			
31. Length of course	A = Too long	B = Appropriate	C = Too short			
32. Amount of outside or evening work	A = Too much	B = Appropriate	C = Insufficient			
33. Effectiveness of instructors	A = Excellent	B = Good	C = Poor			
34. Applicability of subject matter to the job	A = Significant	B = Adequate	C = Insignificant			
35. Facilities	A = Excellent	B = Good	C = Poor			
36. Recommendation to colleagues	A = Highly recommend	B = Recommend	C = Not recommended			
37. Meet career development plans	A = Yes	B = No	C = Not applicable			

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number *(Example—xx-xx-xxxx)* 01

B. OFFICE USE ONLY

C. Request status *(Mark (X) one)* 02
- Initial or Resubmission
- Correction or Cancellation

Section A—TRAINEE INFORMATION

1. Applicant's name *(Last-First-Middle Initial)* Indicate preferred title *(Example—Miss, Mrs., Mr., Ms., etc.)* — Enter first 5 letters of last name 03

2. Social Security Number 04

3. Date of birth *(Year and month)* 05 *(Example—born January 14, 1943 shown as 43/01)*

4. Home address *(Number, street, city, State, ZIP code)*

5. Home telephone — Area code | Number

6. Position level *(Mark (X) one only)*
- a. Non-supervisory
- b. Supervisory
- c. Manager
- d. Executive

7. Organization mailing address *(Branch-Division / Office / Bureau / Agency)*

8. Office telephone — Area code | Number | Extension

9. Continuous civilian service — Years | Months

10. Number of prior non-government training days

11a. Position title / function

11b. Applicant handicapped or disabled *(See instructions)*

12. Pay plan / series / grade / step

13. Type of appointment

14. Education Level

Section B—TRAINING COURSE DATA

15a. Name and mailing address of training vendor *(No., street, city, State, ZIP code)*

15b. Location of training site *(If same, mark box)* ⟶

16. Course title and training objectives *(Benefits to be derived by the Government)*

17. Catalog / Course No.

18. Training period *(6 digits)* 06

	Year	Month	Day
a. Start			
b. Complete			

19. No. of course hours *(4 digits)* 07

a. During duty	
b. Non-duty	
c. TOTAL ➤	

20. Training codes *(See instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special interest		11

Section C—TERMINATION AND EVALUATION DATA (To be completed by Trainee)

21. Course was completed
- a. ☐ Yes
- b. ☐ No—*Return this form with a memo explaining circumstances*

22. Actual course dates *(Month / day / year)*

a. Commenced			b. Completed		
Month	Day	Year	Month	Day	Year

23. Actual course hours

a. Duty	b. Non-duty

24. Academic grade / score

25. All sessions were attended
- a. ☐ Yes
- b. ☐ No—*Explain*

AREAS OF EVALUATION

(Place (X) in appropriate column to indicate your evaluation of items 26 through 37. Do not attempt to split a rating)

				Rating A	Rating B	Rating C
26. Stated objective accomplished	A = Yes	B = Partially	C = No			
27. Coverage of subject matter	A = Excellent	B = Sufficient	C = Poor			
28. Organization of subject matter	A = Well organized	B = Adequate	C = Poorly organized			
29. Suitability of instructional materials	A = Excellent	B = Adequate	C = Poor			
30. Level of difficulty	A = Too advanced	B = Appropriate	C = Too elementary			
31. Length of course	A = Too long	B = Appropriate	C = Too short			
32. Amount of outside or evening work	A = Too much	B = Appropriate	C = Insufficient			
33. Effectiveness of instructors	A = Excellent	B = Good	C = Poor			
34. Applicability of subject matter to the job	A = Significant	B = Adequate	C = Insignificant			
35. Facilities	A = Excellent	B = Good	C = Poor			
36. Recommendation to colleagues	A = Highly recommend	B = Recommend	C = Not recommended			
37. Meet career development plans	A = Yes	B = No	C = Not applicable			

Section C—TERMINATION AND EVALUATION DATA (To be completed by Trainee)—*Continued*

38. Comments on strong points of course

39. Comments on weak points of course

40. What were your objectives in taking this course? Were they met?

41. Do you recommend this program for others? If so, whom?

42. Additional comments

43. Signature of trainee | Date

Section D—SUPERVISORY COMMENTS (To be completed by employee's immediate supervisor)

44. Have you discussed this course and its application to the job with this employee? a. ☐ Yes b. ☐ No

45. What were your objectives in having employee attend course?

46. Were the objectives of the training achieved?

47. Additional comments

48. Signature of supervisor | Date

PERSONNEL USE ONLY

38. Comments on strong points of course

Section C—TERMINATION AND EVALUATION DATA (To be completed by Trainee)—*Continued*

- Instructions for handling and completing copies 3, 4, 5 and 6 appear on reverse of copy 3.
- Please type form and do not remove carbons and copies 1-9 from set.
- Typewriter tab stops indicated by ▽ below.

★ U.S. GOVERNMENT PRINTING OFFICE: 1991-306-680

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING

A. Agency, code agency subelement and submitting office number 01 *(Example—xx-xx-xxxx)*

B. OFFICE USE ONLY

C. Request status *(Mark (X) one)* 02
Initial or Resubmission | Correction or Cancellation

Section A—TRAINEE INFORMATION

1. Applicant's name *(Last-First-Middle Initial)* | Enter first 5 letters of last name 03

2. Social Security Number 04

3. Date of birth *(Year and month)* 05 *(Example—born January 14, 1943 shown as 43/01)*

4. Home address *(Number, street, city, State, ZIP code)*

5. Home telephone
Area code | Number

6. Position level *(Mark (X) one only)*
a. Non-supervisory | c. Manager
b. Supervisory | d. Executive

7. Organization mailing address *(Branch-Division / Office / Bureau / Agency)*

8. Office telephone
Area code | Number | Extension

9. Continuous civilian service
Years | Months

10. Number of prior non-government training days

11a. Position title / function

11b. Applicant handicapped or disabled *(See instructions)*

12. Pay plan / series / grade / step

13. Type of appointment

14. Education Level

Section B—TRAINING COURSE DATA

15a. Name and mailing address of training vendor *(No., street, city, State, ZIP code)*

15b. Location of training site *(If same, mark box)* ⟶

16. Course title and training objectives *(Benefits to be derived by the Government)*

17. Catalog / Course No.

18. Training period *(6 digits)* 06

	Year	Month	Day
a. Start			
b. Complete			

19. No. of course hours *(4 digits)* 07
a. During duty
b. Non-duty
c. TOTAL ➤

20. Training codes *(See instructions)*

	Code		Code	
a. Purpose		08 c. Source		10
b. Type		09 d. Special interest		11

AGENCY USE ONLY

Section C—ESTIMATED COSTS AND BILLING INFORMATION

21. Direct costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Tuition	$		
b. Books or materials			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 12 TOTAL ➤	$		

22. Indirect costs and appropriation / fund chargeable

Item	Amount Dollars	Amount Cents	Appropriation / fund
a. Travel	$		
b. Per diem			
c. Other *(Specify)*			
d. (Enter 4 digits in dollar column) 13 TOTAL ➤	$		

23. Document / Purchase Order / Requisition No.

24. 8-Digit station symbol *(Example—12-34-5678)* ⟶

25. BILLING INSTRUCTIONS *(Furnish invoice to):*

Section D—APPROVALS

26a. Immediate supervisor—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

27a. Second-line supervisor—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

28a. Training officer—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

Section E—APPROVAL / CONCURRENCE

29a. Authorizing official—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Approved / Disapproved | Date

Section F—CERTIFICATION OF TRAINING COMPLETION

30a. Certifying official—*Name and title* | Area code / Tel. No. / Extension

b. Signature | Date

TRAINING FACILITY ➤ Bills should be sent to office indicated in item 25. • Please refer to number given in item 23 to assure prompt payment.

GENERAL INSTRUCTIONS—Prepare this request in accordance with instructions included on form and indicated below. Complete Sections A, B, C, D26, D27, and G32 (reverse of copy 1) and submit to appropriate Agency Training Office within the specified lead time for processing. Copy 10 is for your files.

SPECIFIC INSTRUCTIONS

➤ Section A—TRAINEE INFORMATION

Item 1—After filling in the trainee's full name, enter the first five letters of the last name in the shaded box.

Item 2—Use 9 digits for the Social Security Number.

Item 3—Enter year and month of birth (e.g., if the trainee's birth date is January 14, 1943, it would appear as 43/01).

Items 4-8—Self-explanatory/follow agency instructions.

Item 9—Enter number of years and months of continuous civilian Government service.

Item 10—To be filled in by nominating Agency Training Office.

Item 11a.—Self-explanatory. (If additional space is necessary to describe duties and responsibilities, attach separate sheet.)

Item 11b.—If the applicant is disabled or handicapped and in need of special arrangements (Brailling, taping, interpreters, facility accessibility, etc.) describe the special arrangements on a separate sheet and attach to the Vendor Copy (copy 3). NOTE: The applicant is not required to furnish this information. His/her signature on the descriptive sheet indicates agreement to release it to training vendors.

Item 12—Self-explanatory.

Item 13—Career Conditional (C.C.), Career (C), Temporary (Temp.), etc.

Item 14—Follow agency instructions.

➤ Section B—TRAINING COURSE DATA

Items 15-17—Self-explanatory. (Item 16—if additional space is necessary, attach separate sheet.)

Item 18—Enter the year, month, and day the course begins and ends (e.g., a course starting June 15, 1973, and ending December 15, 1973, would be entered as 73/06/15 and 73/12/15).

Item 19—The number of course hours can be determined by multiplying the number of hours attended per week by the number of weeks of the course or semester.

Item 20—Select an appropriate code for each item listed below and enter in code boxes on form.

➤ Section C—ESTIMATED COSTS AND BILLING INFORMATION

Items 21, 22—Follow agency instructions.

Item 23—Enter Document/Purchase Order/Requisition Number for reimbursement of training costs to responsible Training Vendor. This number is to be referenced on the billing document.

Item 24—Fill in 8-digit station symbol of the nominating agency finance office which will report the payment on SF-224, Statement of Transactions. If a nominating agency does not report on SF-224 and will issue a check, type "SF-1080" in this block.

Item 25—Enter name and mailing address of nominating Agency Finance Office for billing purposes.

➤ Sections C and D—TERMINATION AND EVALUATION DATE—Copy 9

This information will be filled in on copy 9 after training is completed (follow agency instructions).

➤ Section D—APPROVALS

Items 26, 27—To be completed by applicant's immediate and/or second-line supervisor(s) before submission of form to nominating Agency Training Office as indicated in agency instructions.

Item 28—To be completed by the nominating Agency Training Officer.

➤ Section E—APPROVAL/CONCURRENCE

Item 29—To be completed by the nominating Agency Official who is authorized to approve or disapprove request.

NOTE: Approving officials may authorize training in non-government facilities only after determining that adequate training is not reasonably available within Government.

➤ Section F—CERTIFICATION OF TRAINING COMPLETION

Item 30—To be completed by nominating Agency Certifying Official.

➤ Section G—EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE (NON-GOVERNMENT TRAINING) Copy 1—Reverse side

The applicant must read and understand the statements contained in the agreement. If there are any questions concerning this section, please contact the nominating Agency Training Office.

Item 31—To be completed by nominating Training Office.

Item 32—To be signed and dated by employee nominated for non-government Training.

➤ Section G—FINANCE—Copy 7 only

Items 31, 32—To be filled in by the nominating Agency Finance Office.

➤ Section H—TRAINING VENDOR—Copies 5 and 6 only

Instructions on reverse of copy 3.

➤ Section I

Copy 5—Mailing address of Nominating Agency.

Copy 6—Mailing address of employee.

To be filled in by nominating Agency Training Office. Name and address to be stamped on copy 5.

CODES FOR ITEM 20 (See 1-part form for code definitions)

➤ A. PURPOSE

1 Mission or program change
2 New technology
3 New work assignment
4 Improve present performance
5 Meet future staffing needs
6 Develop unavailable skills
7 Trade or craft apprenticeship
8 Orientation
9 Adult basic education

➤ B. TYPE

1 Executive and Management
2 Supervisory
3 Legal, Medical, Scientific, or Engineering
4 Administration and analysis
5 Specialty and Technical
6 Clerical
7 Trade or craft
8 Orientation
9 Adult basic education

➤ C. SOURCE

1 Government—Agency
2 Government—Interagency
3 Non-government—Designed for agency
4 Non-government—Off-shelf
5 State or local government

➤ D. SPECIAL INTEREST

0 No special program
1 Executive development
2 Supervision
(other codes may be developed—follow agency instructions)